



CLARK COUNTY DEPARTMENT OF BUILDING & FIRE PREVENTION

4701 W Russell Rd ~ Las Vegas, NV 89118 ~ Phone: (702) 455-7100 ~ Fax: (702) 735-0775

Construction Fire Permit

Website: http://www.clarkcountynv.gov/Depts/development_services/fire_prevention

Email: permits@ClarkCountyNV.gov

Fee Payment: Fee is payable in exact cash, check or money order (drawn on a US bank in US funds), Master Card or Visa presented in person with proper ID, or an established Fire Prevention escrow account. Checks are payable to CCDB-Fire Prevention. Please note escalating fees may apply upon completion of review. This form must be legible and all appropriate boxes check-marked. Multiple permits require separate applications forms.

Submittal Date: _____ **Pay by:** ☐ Cash ☐ Check ☐ Credit Card ☐ Escrow Account #: _____

Service Delivery requested: *Note: Discounts may apply for 1st correction submittal.*

FFPR Permit: ☐ 20 business-day (1x escalated fee, \$160 due at submittal) ☐ 10 business-day (2x escalated fee, \$320 due at submittal)
☐ 3 business-day (3x escalated fee, \$480 due at submittal) ☐ 0/1 business-day (4x escalated fee, \$640 due at submittal)

All other Permits: ☐ 20 business-day (1x escalated fee, \$80 due at submittal) ☐ 10 business-day (2x escalated fee, \$160 due at submittal)
☐ 3 business-day (3x escalated fee, \$240 due at submittal) ☐ 0/1 business-day (4x escalated fee, \$320 due at submittal)

Code Enforcement Case No.: (If applicable) _____

Building Permit No.: (If applicable) _____

(Check one box for desired permit)

** Contract required*

Fire Suppression and Extinguishing Systems	Fire Alarm and Detection Systems, Related Equip and Dedicated Function Systems	Fire Protection Reports
<input type="checkbox"/> Automatic Sprinkler (FDSR) * <input type="checkbox"/> Carbon Dioxide (FDCC) * <input type="checkbox"/> Clean Agent (FDCA) * <input type="checkbox"/> Dry Chemical (FDDC) * <input type="checkbox"/> Foam (FDFS) * <input type="checkbox"/> Wet Chemical (FDWC) * Sprinkler Count: _____ Nozzle Count: _____	<input type="checkbox"/> Fire Alarm (FFAS) * <input type="checkbox"/> Smoke Control-Control Panel (FDAL) <input type="checkbox"/> Smoke Removal-Control Panel (FSRS) <input type="checkbox"/> Video Detection (FVDS) * Device Count: _____	<input type="checkbox"/> Tenant Improvements (FPTI) <input type="checkbox"/> Facility, Alternate Means/Method, TCO (FFPR)
Other Equipment/Systems <input type="checkbox"/> Fire Pumps and Related Equipment (FDFP) <input type="checkbox"/> Standpipe Systems (FDSP) * <input type="checkbox"/> Water Tanks (FWST) <i>(Used for supply of fire protection systems)</i>	Other Construction <input type="checkbox"/> Med-Gas System (FDMG) <input type="checkbox"/> Two-way Communication Systems (FDTW)	Other Construction <input type="checkbox"/> Fire Apparatus Access Road Plan (FSPC) <input type="checkbox"/> Fire Hydrants and Associated (FDPR) Supply Piping <input type="checkbox"/> Underground Storage Tank and (FFTC) Associated Components <i>(Includes: Install, removal, abandonment & repair)</i>

PERMIT INFORMATION

Plans: ☐ New ☐ Revision ☐ Correction Application # (If applicable): _____
Note: The original application number must be provided if this plan submittal is a revision or a correction.

Municipal Project/Property: ☐ Yes ☐ No APN: _____

Property/Venue Address: _____ Bldg-Suite#: _____

Major Property/Venue Name: _____
(i.e.: Name of development, building, project, hotel/casino, or other identifying information)

Sub-Property/Venue Location: _____
(i.e.: Name of business, shop, project, ballroom, hall, parking lot, or other identifying information)

APPLICANT INFORMATION

Submitting Company Name: _____

Mailing Address: _____ Bldg.-Suite #: _____

City, State, Country, Zip Code: _____

Company Email Address: _____

Company Phone #: _____ Company Fax #: _____

Applicant Phone #: _____ Ext #: _____ Fax #: _____

Applicant Email Address: _____

Inspection Contact Name: _____ Cell Phone #: _____

Inspection Contact Email Address: _____

Applicant Name and Title

Applicant Signature